Linn County Public Health

Telephone: (319) 892-6000

HOTEL LICENSE APPLICATION

Mail completed application and payment to:	Date of Application:						
Linn County Public Health 1020 6 th Street SE	Please provide pre	Please provide previous owner information if known:					
Cedar Rapids, Iowa 52403	Previous owner name	Previous owner name					
	Business name	, and					
	License number:	(if known)					
Name of Business:							
Owner's Name:	Alternativ	e or Cell Phone ()					
Business Phone Number: () F	Business E-mail Address						
Physical Business Address:	Suite#	County:					
City: State:	Zip Code:						
Person-In Charge (onsite) Person-In-Charge Phone () F	Title of Person-In-Char	ge					
Person-In-Charge Phone () F	Person-In-Charge Email						
Secondary Person in Charge	Title of Secondary Pers	on in Charge					
Attn: Telep Street or Route: Suite	bhone Number: () #City:	State:Zip Code:					
Ownership Information ☐ Sole Proprietor ☐ Partnership ☐ Corpor If not Sole Proprietor, complete the following section for		zation LLC LLP					
Name:	Name:						
Address:	Address:						
City: State: Zip		State: Zip:					
Phone: () Cell phone: ()	Phone: ()	Cell phone: ()					
Email:	Email:						
Title:	Title:						
License Fee Schedule							
*Pay appropriate fee from based on number of rooms, ple	ease mark appropriate box						
 □ \$50.00 FOR 1-30 GUEST ROOMS □ \$100.00 FOR 31-100 GUEST ROOMS □ \$150.00 FOR 100+ GUEST ROOMS 							
Any Change in Location or Owne Licenses are Not		Office Use Only Ck # Ck Date					
Signature of Applicant:	Title	Amount Recd.					
Applicant name (please print)		Ck Name Penalty Amt					
		A D					

Hotel City or Town

HOTELS, ROOMS, GUEST PER ROOM, AND MAXIMUM RATES

Statement to the Director of the Iowa Department of Inspections and Appeals under Iowa Code Chapter 137C, showing a complete list of rooms by number and floor, with the maximum rate charged per day per person or guest. A duplicate of this rate list must be posted in a conspicuous place near the office in the lobby of the hotel. The maximum rate per person per day must also be posted in each room. These rates posted under Iowa Code Chapter 137C shall not be increased until written sixty (60) days' notice of the proposed increase has been given to the Department.

Room or Unit Number	Floor Number	Maxim	Maximum Charge Per Room		Room or	Floor	Maximum Charge Per Room		
		1 - Guest	2 - Guest	3 - Guest	Unit Number	Number	1 - Guest	2 - Guest	3 - Guest